

IRRATIONAL EXUBERANCE

Few men, including researchers, can be objective about the effects of circumcision. The idea for mass circumcisions in Africa originated from white, North American physicians and researchers, most of whom have a long history of irrational exuberance for promoting routine circumcision.

Their studies appeal to physicians, religious advocates, and others who want to keep on circumcising, but in the face of criticism, need a more modern justification to do so.

One 20th century excuse for circumcision was that men were too careless to wash their genitals. Now they are supposedly too careless to use a condom. This bias also relies on old racist stereotypes about the wanton sexual appetites of black men and their supposed general lack of discipline.

RUSSIAN ROULETTE, AFRICAN STYLE

No study will change this scientific fact: **Circumcision won't keep men safe from HIV infection over the long-term, and so it won't keep women safe either.**

The safe bet is that circumcision, rather than a panacea for the AIDS epidemic, is the fantasy of science fiction.

RESOURCES

Circumcision Information and Resource Pages
www.CIRP.org

Doctors Opposing Circumcision
www.DoctorsOpposingCircumcision.org

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The Rest of the Story

Science Fact or Science Fiction: Could Circumcision Really Prevent AIDS?

*Educating a New Generation
For the Well-Being of All*

AIDS has been a major fear of sexually active people worldwide. So the news that circumcision might somehow prevent it has been widely circulated by those who want to see circumcision continue. This news may seem quite surprising to Americans, who have circumcised long before AIDS became an epidemic in the United States.

A CLASS ALL BY ITSELF

Circumcision is the only surgery in history ever recommended as a universal means of preventing disease.

Circumcision was claimed to prevent over 30 different diseases during its 140-year history in medicine. It was often claimed to prevent the most frightening diseases of the day. Each time, evidence was subsequently produced—but not widely publicized—that negated the claim.

It is from this historical context that calls for mass circumcisions to prevent AIDS should be examined. Whenever a lack of scientific understanding of ills associated with the penis is combined with the urgency of fear, a circumcision claim finds fertile ground. Since there has not been much success in reducing the AIDS epidemic in Africa, it is very tempting to believe in magical and miraculous claims.

THE BAD NEWS FOR CIRCUMCISED MEN

Over 3.5 million circumcised men worldwide are living with an HIV infection they acquired through heterosexual sex.

In randomized trials of circumcision in southern Africa, researchers detected an HIV incidence rate in circumcised men over 6 times higher than the rate for African-American men. Due to this so-called “success,” they stopped the trials early!

LOTS OF MISLEADING FACTORS

HIV infection is related to sexual behavior, which, like circumcision, is often determined by religion and culture. Religion determines sexual practices, partner choice, degree of monogamy, use of alcohol, use of condoms, and attitudes about homosexuality.

Foreskins may be found among men who are at a high risk for HIV infection due to their sexual behavior and overall health, without any help from their foreskins.

The following risk factors have all been associated with HIV infection:

<i>sex with prostitutes</i>	<i>frequency of intercourse</i>
<i>concurrent partners</i>	<i>duration of intercourse</i>
<i>number of partners</i>	<i>genital lesions</i>
<i>anal sex</i>	<i>genital ulcers</i>
<i>“dry” sex</i>	<i>other STDs</i>
<i>malaria</i>	<i>drug and alcohol use</i>
<i>viral load</i>	<i>melanin in the foreskin</i>
<i>viral subtype</i>	<i>non-sterile procedures</i>
<i>sex during menses</i>	<i>age at first intercourse</i>

When several early studies were refined to consider some of these misleading factors, the apparent advantage of circumcision disappeared, indicating that circumcision was not the real reason for a decreased HIV infection rate.

The randomized circumcision trials in Africa attempted to prove what happens on a microscopic level by creating an anatomical difference in penises. However, researchers were not able to observe exactly when, where, or how men got infected.

The research could not determine if the reduction in the HIV infection rate was due to a change in behavior or in other conditions after having been circumcised.

Citations for the data referred to here and a longer version of this pamphlet are at:
www.NOCIRCOFMI.org/AIDS.pdf

LOTS OF CONTRADICTIONS

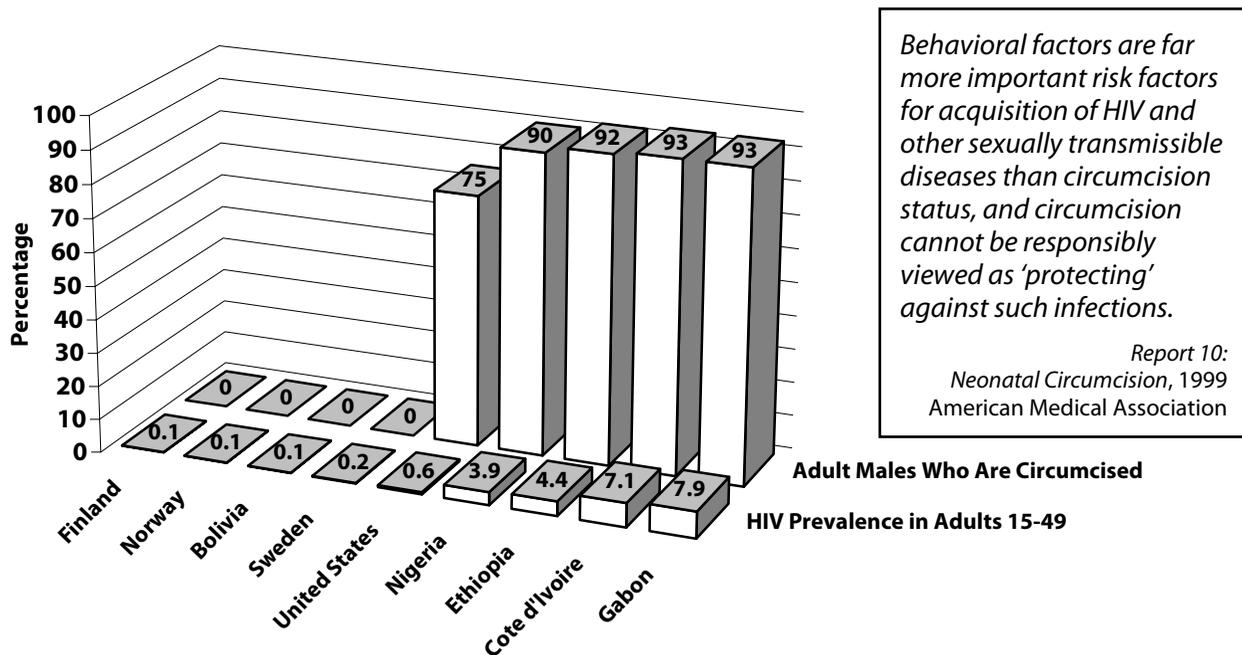
The circumcision rate and the HIV infection rate in the United States are the highest among all developed nations. In fact, **over 450,000 circumcised American men have become infected with HIV from sex since the epidemic began.**

Some African countries already circumcise at rates exceeding the US, but have much higher HIV rates. The Xhosa people of South Africa circumcise, while the Zulus do not. However, both groups have the same HIV infection rate. In Lesotho, Africa, the HIV infection rate is substantially higher among circumcised men (23%) than among males who are not circumcised (15%).

The lowest rate of HIV infection is in the Scandinavian nations where circumcision is almost unknown.

The chart below shows several examples of countries that contradict the claim that circumcision prevents HIV infection.

HIV prevalence rates are from UNAIDS, 2006 Report on the Global AIDS Epidemic, Geneva, Switzerland.



NOT REALLY RANDOM

It is impossible to run double-blind trials involving circumcision. Men signed up for the studies because they wished to be circumcised, and they were paid to be.

Behavior modifications these men made before and after their circumcision could produce misleading conclusions about the role of the foreskin in HIV infection.

Circumcision changes the mechanics of sexual intercourse, and the manner, frequency, and duration of sexual activity. If the duration or intensity of sexual intercourse is shortened in newly circumcised men because they are temporarily more sensitive, the risk of HIV transmission is reduced.

All of the randomized controlled trials were stopped early—in less than 2 years. This was after the desired benefit was detected, but before an HIV infection could be acquired and detected in some circumcised men.

These studies might have shown no benefit to circumcision if they had been allowed to run for a longer period.

DISAPPOINTING RESULTS

The number of HIV infections detected in the studies was very small. In the strongest result, 20 out of 1,546 circumcised men were infected compared to 49 out of 1,582 intact men over a period of just 21 months.

The documented reduction in the absolute risk for HIV infection was really only 1.8%.

EXAGGERATED CLAIMS

Announcing to the world that circumcision reduces the HIV infection rate by 60% sounds a whole lot better than saying that only 29 infections could be prevented in 2 years after the risk and expense of circumcising over 1,500 men willing to have genital surgery.

However, results from these 29 infected men were extrapolated to the general population to predict that millions of infections throughout Africa could be prevented.

The results seen in such a small number often aren't repeated when applied to the general population. If the infections in a few men were actually caused by other factors or if the men were studied longer, the claims made from these studies would likely disappear.

A DANGEROUS PRESCRIPTION

If the claims were true and all adult men could be circumcised in ten years, new infections would only be reduced by 8% and HIV deaths by 1%. Sub-Saharan Africa would still be left with an HIV prevalence 9 times higher than the United States.

At best, circumcision could only delay infection. After repeated exposures to the HIV virus, circumcised men are certain to get infected. **Probability calculations show after 25 years, 19% of the circumcised men studied will be infected.**

Circumcision advocates persuade men to be circumcised because it will protect them, and afterwards tell them not to have unprotected sex because circumcision won't protect them.

Many circumcised men worldwide may now feel that if they are at a decreased risk, they are sufficiently protected without condoms. The effort and discomfort in getting circumcised may convince some men they have done enough to protect themselves and that using a condom is unnecessary. A loss of sensitivity due to circumcision will further discourage men from using condoms.

In one study in South Africa, 2 out of 5 circumcised men were infected with HIV, compared with 3 out of 5 uncircumcised men. Relying on circumcision for protection is, in these circumstances, a bit like playing Russian roulette with 2 bullets in the gun rather than 3.
Report on the Global HIV/AIDS Epidemic
June 2000
Joint United Nations Program on HIV/AIDS

PUTTING WOMEN AT RISK

Circumcision cannot prevent the spread of HIV to women once a circumcised man is infected.

The female genitals have exactly the same tissue cells blamed for enabling HIV infection in the male foreskin. Women have a much greater surface area of these cells inside and outside their genitals. **An infected man is about 8 times as likely to infect a woman as an infected woman is to infect a man.**

Regular condom use has proven to be highly protective for both men and women. Condoms are cheaper, provide much more safety than circumcision, and they protect women too.

Circumcision is a competitor to condoms, not a supplement to them. Circumcision doesn't increase the benefit of condoms. Condoms *negate* the need for circumcision.